

THE ARMY NURSE CORPS NEWSLETTER

“Ready, Caring, and Proud”

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Message from the Chief



Greetings! I know that Hurricane Katrina has personally touched many of you. Many of our military families have lost everything except their lives in this disaster and are experiencing the most challenging natural disaster in the US in decades. Please know that my prayers go out to you and your families as each family adjusts to this disaster. Once again, we are called to assist those who experience a natural disaster—but the energy and focus I see in those of you working this tragedy is amazing. I am constantly reminded of what an honor it is for me to represent the best Nurses in the world. I ask that all of you lift these families in your thoughts and prayers.

It seems that the demands on us never cease, but I hope that each of you has taken some time off and are not in a “lose” status for leave. I think that many have a tendency to think that they “can not” or “should not” take leave as it would “hurt” the unit or colleagues. I want you to remember that we often are more effective and caring in our various positions when we take the time to get away from the day-to-day challenges, recharge our batteries, and come back with a fresh perspective to the ever-changing requirements in our multiple positions. If you are a supervisor, take the time to learn how much leave your staff has—all your staff, military, civilian and contract—make sure they plan for and use the leave. Remember, set the example yourself!

Talking about leave leads me to communicating with our deployed colleagues. I would ask that each of you take a moment and think about our staff who are deployed and how you could improve your connection to them. I was disappointed to learn that the first communication a number of our nurses have received in theater from the folks at the MTF is an email that asks what holiday they want to work after they return. A note in snail mail, a letter on email (not a request to work—trust me they are working very hard!), sending a package of “pogie bait” or books to read as distraction are all ways to stay in touch. How about the hospital newsletter or a local paper with some highlights in it about something you know that they are interested in when they are at home? All of these options remind them that we know they are out there and have not forgotten what tough environments in which they serve.

I hope each of you has realized that I very much enjoy being able to get out to the various MTFs and staff locations—seeing you in person and being able to chat about your concerns and ideas keep me fired up! I just had a great visit with the staff at Fort Eustis and Accessions Command in Virginia. I remain impressed with the compassionate, committed, caring, dedicated nursing professionals I meet.

Last thought for this month is that Recruiting Command is working to identify individuals who are interested in helping us recruit other nurses and is able and willing to coordinate trips back to our nursing colleges/universities for us. Our civilian nursing colleagues are especially interested in what we do in Iraq and Afghanistan and why you are willing to go there. If you are willing to make one of these Recruiting trips, please let us know and we will help get that coordinated. Advise your Chief Nurse, your branch officer at HRC or the Corp Chief Staff officers in DC or San Antonio. Make it our goal to help us recruit other nurses; adding your personal touch to the efforts of our assigned Recruiters will bring great reward!

Thanks again for all you do! GSP

The ANC Newsletter is published monthly to convey information and items of interest to all Army Nurse Corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail the articles to [MAJ Eric Lewis](#). The deadline for all submissions is the third week of the month prior to the month you want the item published. All officers are eligible to submit items for publication. We reserve the right to review and edit any item submitted for publication.

Kudos and Publications

Congratulations go out to COL John Murray, USAF, Associate Dean for the School of Nursing at USUHS, for his selection as the President of the Federal Nurses Association.



The American Nurses Association (ANA) has announced the selection of Colonel John S. Murray, PhD, RN, CPNP, CS, FAAN as the 3rd President of the Federal Nurses Association (FedNA). Colonel Murray was selected for this appointment from across the uniformed services to represent active duty U.S. Air Force, Army, Navy, and Public Health Service nurses. FedNA is the 54th constituent member of the American Nurses Association. ANA and the uniformed services have a proud history of collaboration and FedNA serves as a reminder that this collaboration remains vital. Through FedNA, federal nurses have the opportunity to provide leadership through an established avenue in their own professional association.

Colonel Murray comes to FedNA and ANA from the Uniformed Services University of the Health Sciences where he serves as Associate Dean and Professor in the Graduate School of Nursing. He is the first Department of Defense nurse in the university's history to be appointed a Full Professor. Colonel Murray is also an Assistant Secretary of Defense for Health Affairs appointee to the National Institute of Nursing Research (NINR) Advisory Council for Nursing Research, the Air Force representative to the TriService Nursing Research Program Advisory Council and is the Consultant to the Surgeon General for Research.

During his distinguished career, Colonel Murray has served in various leadership positions in pediatrics to include critical care, chronic care, primary care and clinical research. He has served as a deputy chief nurse executive and squadron commander, as well as a fellow in the Office of the Surgeon General. Colonel Murray has focused his research on preventing psychosocial adjustment disorders in siblings of children with cancer. He is particularly interested in identifying interventions that help siblings adjust to the childhood cancer experience. Colonel Murray is also an active researcher in the care of children with chronic illnesses, is the lead investigator on a Congressionally funded grant that totals more than \$3.2 million and has been the recipient of over \$15 million in grants.

Colonel Murray has received numerous honors and awards throughout his career. In 2004, he received the University of Texas at Austin School of Nursing Outstanding Alumni Award. In 2003, President Bush, along with the National Institute of Child Health and Human Development, recognized Colonel Murray for his childhood cancer research which has been replicated in eight countries around the world. In 2002, he received the Association of Military Surgeons of the United States Clinical Nursing Excellence Award and in 2001 he received the International Association of Pediatric Oncology Nurses Author of the Year Award. Colonel Murray is also a fellow in the American Academy of Nursing, where he has the distinguished honor of being the youngest nurse ever selected for this prestigious honor. He has written over 25 peer-reviewed journal articles, two book chapters and is the author of the book *Cancer Affects Me Too: A Workbook for Siblings of Children With Cancer*. He currently serves on the editorial boards of several nursing and research journals.

Congratulations to **BG(Ret) Dorothy Pocklington**, whose book *HERITAGE OF LEADERSHIP* was selected as the 2005 International Award recipient of the Nursing Media Award for Print. Numerous ANC Officers, past and present, assisted as contributing authors on this project and should be congratulated for their hard work. They are as follows: Debulon Bell (LTC, USA, Ret.), Sabra Boughton (LTC, USA, Ret.), Joyce Bowles (COL, USA, Ret.), William Breland (1LT, USA, Ret.), Debora Cox (LTC, USA, Ret.), Carolyn Chase (MAJ, USA, Ret.), Carolyn Feller (LTC, USA, Ret.), Cynthia Gurney (COL, USA, Ret.), Evelyn Hayes (COL, USA, Ret.), Barbara Kautz (CPT, USA '69-'72), Lois Lagerman (LTC, USA, Ret.), Maria Mitchell (LTC, USA, Ret.), Nancy Molter (COL, USA, Ret.), Kathryn Moore (MAJ, USA, Ret.), Jennifer Peterson (LTC, USA, Ret.), Carol Reineck (COL, USA, Ret.), Elizabeth Vane (LTC, USA, Ret.), Katherine Vogt (LTC, USA, Ret.), Karen Whitman (LTC, USA, Ret.), Linda Yoder (COL, USA, Ret.), and Frances Young (COL, USA, Ret.). An e-mail from Sigma Theta Tau stated that their book was "an excellent reflection of the nursing profession" and will be honored at the Sigma Theta Tau International's 38th Biennial Convention held November 12-16, 2005 in Indianapolis, Indiana.

Congratulations to **Margaret C. Wilmoth**, RC AN, Commander of the 332nd Medical Brigade, on her promotion to Brigadier General effective 1 AUG 2005. She is the first nurse in Army history selected to command a medical brigade. BG Wilmoth says it is "quite humbling and she is very honored!"

Kudos to **COL Richard Ricciardi** on his recent publication. Liguori, R., Ricciardi, R., Jones, D. C., & Kohr, L. (2005). The 40-year story of PNP caregiving*still being written. *Contemporary Pediatrics*, 22(8), 56-70.

Congratulations to **MAJ Brian Benham** for his article "Mission Accomplished: U.S. Army nurse anesthetists show grace under fire" which was recently published in *Advance For Nurses*, August 29, 2005, vol 3. number 18.

Kudos to **COL Janet R. Harris** and **LTC Mary E. Tenhet** have coauthored a book chapter in the 8th edition of "Critical Care Nursing, A Holistic Approach" by Patricia Gonce Morton, Dorrie K. Fontaine, Carolyn M. Hudak and Barbara M. Gallo (2005). COL Janet Harris and LTC Mary Tenhet coauthored the Respiratory System chapter which included the following topics: Anatomy and Physiology of the Respiratory System; Patient Assessment: Respiratory System; Patient Management: Respiratory System; Common Respiratory Disorders and Acute Respiratory Distress Syndrome. COL Janet Harris is currently Deputy Director, Congressionally Directed Medical Research Programs at the US Army Medical Research and Materiel Command, Fort Detrick, Maryland & LTC Mary Tenhet is serving as the Chief, Medical-Surgical Nursing Section at Womack Army Medical Center, Fort Bragg, North Carolina.

News from Around the Army Nurse Corps and the World

News about Army Nursing from New York Teacher

Taking Care of Patients – the U.S. Army Way; SUNY Profs Benefit From Summer Training

This is an article that first appeared in New York Teacher, the official publication of New York State United Teachers. (Sept 8, 2005)
<http://www.nysut.org/newyorkteacher/2005-2006/050908alfrednurses.html>

Three SUNY nursing professors left campus this summer for an education in the operation of a full-scale military field hospital used to train health care professionals how to treat victims of war.

War hit home for Cathy Richmond and Linda Panter, who teach nursing at the State University of New York at Alfred, and Jean Halpern, an associate professor of nursing at Orange Community College. The trio participated in an educators program with the U.S. Army Reserve in Fort Gordon, Ga.

As witnesses of a mock demonstration of a field hospital, the nurses saw wounded soldiers brought in by helicopter. They learned about the need for nurses in the military. They observed care of actual wounded soldiers in a hyperbaric chamber. The majority of the wounded have arm and leg injuries from roadside bombs, and the chamber helps wounds grow new tissue faster, while enhancing blood supply to the tissue with higher levels of oxygen. Surgeries are performed in a mobile operating room.

"These hospitals are rolled up and packed and stationed all over the world," said Panter. They include labs, pharmacies, an emergency room, intensive care units and X-ray facilities.

Richmond was awed by the technology. Mannequins can breathe, register temperature and respond to treatment through scanners that show how a medication affects a person, Richmond explained. The nursing prof is vice president of the SUNY Alfred chapter of United University Professions, representing SUNY academic and professional faculty.

After the field hospital experience, Panter, who does nursing recruitment for SUNY Alfred under a federal Perkins grant, said she can talk to potential nursing students more knowledgeably about military careers. And there are the medics, lab techs and field hospital workers returning to college for a nursing degree. "I have to be more sensitive to health care providers who've been in the military," said Panter.

Halpern discovered the program through OCC Faculty Association colleague Cheryl Ward-Simons, a nursing professor who is in the Army Reserves. Halpern wanted to learn more about how to simulate real-life medical crises in class.

She observed triage assessments, and networked. "I learned what people are doing in their schools ... what their courses were like, and how they utilized the Army for their students," Halpern said.

Her summer of learning was "near and dear to my heart," Halpern said, because her son, who is in the Navy, is scheduled to return to Afghanistan in January.

"My heart goes out to all the people who do this," she said.

Allegany County, where SUNY Alfred is located, is one of the poorest counties in the state, Panter said. **"I see opportunities for some of these students to get some of the best training I've ever seen (in the military)," she said. As nurses and medics in the military, their scope of practice is broader than a hospital nurse, she said.** — Liza Frenette

Reserve Officer Training Corps (ROTC) Highlights by CPT Devin Bryant, 5th Brigade ROTC Nurse Counselor

As a new BDE Nurse Counselor, coming into the job and then heading out for your first recruiting event after just a few weeks of training can be a bit daunting. However, I came out of my first event feeling more confident and secure in my job, even though I barely knew what my job really entailed. My name is CPT Devin Bryant and I am the new 5th BDE Nurse Counselor out of Ft Bragg, NC. Six years ago when I was an ROTC nursing cadet, and a junior in college at the University of Portland, I met the 14th BDE Nurse Counselor. At that time, it was CPT Nicole Kirkenbush, and I thought, what a cool job. Of course she had places like Hawaii, Alaska and Guam, which make that area real rough to work in, but I just thought the job was a great concept. Go around and talk with the nervous ROTC nursing students who are thinking, "What am I getting myself into?" So, when I became a 1LT(P) I threw my hat in for the job and was pleasantly surprised when I got a call from branch that I would start the 5th BDE Nurse Counselor job in the summer of 2005. After a jam-packed three weeks with my predecessor MAJ House, she was off to the Leader's Training Course at Ft Knox, KY and I was off to the HOSA Conference in Nashville, TN. HOSA stands for Health Occupations Students of America. HOSA is a national student organization that promotes career opportunities in the health care industries, and provides unique leadership development channels for bright High School and beginning college students. HOSA was established in 1976 and personally I'd never heard of it, nor realized how developed the program was until I went to the National Conference. It's an enormous program and provided the perfect opportunity for Army ROTC to get out there, and inform students about scholarship opportunities. There was roughly 4,500 High School students, from the top of their classes there to compete in various events, like medical and dental spelling, CPR and EMT events, Nursing, Speech and Debate and a bunch of other categories. During the day as these events took place myself, CPT Price, the 8th BDE Nurse Counselor, and MAJ Tom Amidon, the Recruiting Officer from Carson-Newman University in eastern Tennessee ran the Army ROTC booth. We had so much traffic from students who genuinely seemed interested in ROTC, and advisors who were coming over to let us know they were very supportive of Army ROTC. We also had a lot of older people who wanted to join the Army if we would take them. Unfortunately, when I told them to get down and give me 20 push-ups they couldn't get back up and I sadly informed them they didn't make the cut. After three days of running the booth the conference was over and the awards ceremony was to follow on the fourth day. We were invited to present the gold, silver and bronze medal for the three Nursing categories that the Army ROTC department sponsored. It was an incredible awards ceremony, complete with a laser-light show and fireworks. I felt like I was at an MTV music awards show.

After the conference, I headed up to Ft Knox to join the Medical Operations Staff at the Leader's Training Course for a week and then ultimately back to Bragg. I feel a little less green in my job now and I was so thankful for being able to participate in an event like the HOSA Conference right off the bat. I am now ready to start the school year, and as long as my land navigation skills can get me to my Universities, I'm set to tell everyone about Army ROTC and the gripping life of an Army Nurse Corps Officer.



News from the Reserve Component

Biography of the Chief Nurse, Army Reserve



Colonel Mauhee W. Edmondson was born in Manchester, Kentucky. She received an Associate Degree of Applied Science in Nursing from the University of Kentucky; a Bachelor of Science in Nursing from Bellarmine University and a Master of Science in Nursing from the University of Louisville.

Colonel Edmondson's military education includes Senior Service College at the Air University, Air War College (Seminar); Advanced Joint Professional Development Education at the National Defense University, Joint Forces Staff College; Army Medical Department-Advanced Nurse Leadership Course; Training Management Course; U. S. Army Command and General Staff College; Combined Arms Services Staff School; DEP MEDS-RTS MEDS Course; Instructor Trainer, R-C Course; Advanced Officer Course--AMEDD E-23 Long; Clinical Head Nurse; USAARMC Nuclear, Biological and Chemical Defense; Drusilla Poole Nursing Education and Training; Nursing Management for ANC Officers--Exportable; and AMEDD Basic Officer Course.

Colonel Edmondson's past military assignments include Assistant Director Reserve and Medical Manpower in the Office of the Under Secretary of Defense (Personnel and Readiness) Military Personnel Policy, The Pentagon, Washington, D.C.; Training Director of Instruction (AGR), 10th/108th Regiment Practical Nurse/Health Services Battalion in Jacksonville,

Florida; Training Officer (AGR), 4212th U.S. Army Hospital in Johnson City, Tennessee; Training Officer (AGR), 377th Combat Support Hospital in Johnson City, Tennessee; Clinical Head Nurse (TPU), 5010th U.S. Army Hospital in Louisville, Kentucky; Clinical Nurse Supervisor (TPU), 5010th U.S. Army Hospital; Officer-In-Charge, Medical Team, 2nd Battalion, 87th Division (Exercise) in Louisville, Kentucky; Chief Umpire, Maneuver Training Command, 100th Division (Institutional Training) in Louisville, Kentucky; Staff Nurse (Active Duty), Fort Sill, Oklahoma; and Staff Nurse (Active Duty), Fort Knox, Kentucky.

Colonel Edmondson's awards and decorations include the Joint Meritorious Unit Medal; the Department of Defense Meritorious Service Medal (with 1 Oak Leaf Cluster), Meritorious Service Medal (with 2 Oak Leaf Clusters); Army Commendation Medal (with 2 Oak Leaf Clusters), Army Achievement Medal (with 6 Oak Leaf Clusters), Army Reserve Components Achievement Medal (with 2 Oak Leaf Clusters), National Defense Service Medal (with 1 Gold Star), Global War On Terrorism Service Medal, the Armed Forces Reserve Medal (with Silver HR Glass and Bronze "M" Device); and, the "A" Proficiency Designator in Nursing Administration. She received the Secretary of Defense Identification Badge for her work at the Pentagon.

Promotion Information by COL Carol Swanson, USAR

Army Reserve Promotion Information

AR 135-155 requires that an Army Nurse Corps Officer appointed after 1 October 1986, must possess a Bachelor of Science Degree in Nursing (BSN) to be promoted to the rank of Major. An MS in nursing (MSN) meets this requirement. In the last few years, over 50% of nurses being considered for promotion to MAJ were found not educationally qualified (NEQ) because there was no documentation of a BSN. Based on that fact there are a few recommendations.

- When the letter is sent to a nurse not selected for promotion, it does not indicate why and it could possibly be because of "NEQ." Nurses who were "not selected" for promotion to MAJ but possess a BSN, can phone Promotions Branch at HRC St Louis, 1-877-215-9834, to check if the record indicated "NEQ." To access that information, enter the SSN and choose the option to speak to a representative. If a Soldier's record was incomplete, the Soldier is eligible to apply for the Army Board of Corrections for Military Records. Link: <http://arba.army.pentagon.mil/abcmr.htm>
- Maximum Time in Grade (TIG) for promotion from CPT to MAJ is 7 years. Captains may be considered by the promotion board with 6 years TIG. So Captains without a BSN should project completion of that degree no later than the 5th year TIG.

- For Troop Unit and Individual Mobilization Augmentees, there are some programs that provide financial assistance. Tuition Assistance and the GI bill are programs that exist for all Reserve Component. You can also go to the HRC site: <https://www.hrc.army.mil/site/reserve/>. There is also a Health Loan Repayment Program of up to \$50K (paid out over three years). Go to the HRC site above and “search” for “medical incentives.”
 - For Tuition assistance, the updated web site is: https://www.hrc.army.mil/site/education/ta_faq.html
 - For Army Reserve Health Loan Repayment Program (HLRP): <https://www.hrc.army.mil/site/reserve/soldierservices/pay/medicalincentives.htm#i8>
- There are numerous RN to BSN accredited programs available, many of them on-line. Links to such programs are on the ANC AKO web site: <https://www.us.army.mil/suite/doc/4430926>. Before starting any program, research the total cost and time to see if meets your needs. Also check with the VA representative at the school to see if the program is approved for the Reserve Montgomery GI bill.

In addition, AR 135-155 was changed in 2004 to exempt STRAP participants from the OBC requirement for promotion. That change did not “grandfather” any STRAP participants who were delayed promotion prior to the regulation change. We have had success with the Army Board of Correction of Military Records (ABCMR) in granting back date of rank to their eligibility date for STRAP participants who were not “grandfathered.”

Should you have any questions on this information contact COL Carol A. Swanson, Army Reserve, Office of the Deputy Chief, Army Nurse Corps. 210-221-7309 or carol.swanson@us.army.mil.

Army Reserve Medical Command Press Release

PINNELAS PARK, FL, AUGUST 22, 2005:

The Army Reserve Medical Command (AR-MEDCOM) will be the largest functional command within the Army Reserve, having command and control of more than 28,000 Army Medical Department (AMEDD) soldiers in 258 medical units stationed across the United States and Puerto Rico. The AR-MEDCOM went into carrier status on October 16, 2004, and will be activated October 16, 2005. Its three-fold mission is to:

- consolidate and centrally manage all Army Reserve medical units and soldiers.
- enhance readiness, medical support and medical training and streamline mobilization timelines.
- seamlessly synchronize and align Army Reserve medical units with the U.S. Army Medical Command and the Office of the Surgeon General.

AR-MEDCOM is organized functionally, rather than regionally. The Command has major subordinate commands that focus on training, professional management and regional command and control of medical units within their respective geographical regions. AR-MEDCOM's subordinate commands include the Medical Readiness and Training Command (MRTC), the AMEDD Professional Management Command (APMC) (Formerly known as the NAAD) and four medical area readiness support groups (MARSGs).

The MRTC, headquartered in San Antonio, Texas, is commanded by an Army Reserve AMEDD TPU brigadier general. The deputy commander is an AGR Colonel. The Medical Readiness and Training Command's mission is to manage and synchronize the collective unit training and exercises of all Army Reserve AMEDD Soldiers and units, integrating with U.S. Army MEDCOM and the AMEDD Center and School; provide management oversight of individual training for Army Reserve AMEDD soldiers; and provide technical assistance to the continental U.S. armies for training and validation of Army Reserve medical units.

Within the Readiness and Training Command, the training support brigades focus on collective unit training and provide subject matter experts to cover the medical functional areas so that both tactical and medical technical skills can be evaluated during collective training events. The exercise support brigade's mission is to provide observer/controller/trainers who will assist the U.S. armies in validating Army Reserve medical units. The actions of the training and exercise support brigades will ensure that every medical soldier is fully prepared to perform his or her mission and also ensure that units are fully trained and prepared to successfully provide top quality medical services to soldiers on the battlefield.

The APMC, formerly the NAAD, is headquartered in Atlanta, GA., is commanded by an Army Reserve AMEDD AGR Colonel. The mission is to provide centralized personnel management of medical professionals to ensure their readiness. The four primary functions of the command are management of all AR-MEDCOM personnel; management of medical individual augmentees; credentialing of medical professionals; and management of medical incentive programs.

To facilitate command and control responsibility, the AR-MEDCOM will use four medical area readiness support groups to provide regional support, to the medical units within their respective regions. The missions of these four headquarters include providing medical readiness support to the medical brigade commanders and subordinate units located in its geographic area of responsibility; assuming battle command of stay-behind medical units when the medical brigade deploys; and integrating with the regional medical command for coordination of training, readiness and mobilization of Army Reserve medical units.

AR-MEDCOM developed an augmentation package of four existing medical brigades, located in California, Illinois, Tennessee and New York, are responsible for the Army Reserve Medical units in their respective regions. They also coordinate with the Army MEDCOM regional medical commands in their respective regions.

The AR-MEDCOM Headquarters workforce will consist of Active Guard and Reserve (AGR) full-time military, Army Civilians and troop program unit (TPU) soldiers.

Medical Holdover Update by CPT Edna Smith, USAR

Aloha Sir,

I am a mobilized Army Reserve Nurse at Schofield Barracks. I am a company commander of the Medical Holdover unit here. I have 75 soldiers (patients) plus 15 cadre. I have attended Medical Retention Processing Unit conferences and met other Army Reserve Nurses serving in this capacity.

But this is not the full story or even the best part. The Medical Retention Processing Unit concept allows mobilized RC component soldiers (Reserve or Guard) to remain on Title 10 orders while getting medical treatment that will allow them to be fit for duty. The soldiers work on post within their profiles between medical appointments and rehab.

The national averages are >60% become fit for duty and about 40% medically retired with dignity. The MRPU doctrine can be found on the FREDDIE FORSCOM website if you are not already familiar. This is a humane program of course but also is good for business and retention of trained quality soldiers.

If I can assist in furnishing more info, just let me know.

Thank you.

Edna J Smith (EDIE)
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News from the Consultants

Nurse Practitioner Update by LTC Lorraine Carney

Greetings fellow Family Nurse Practitioners,

Just to let you know that we are deploying FNP's as providers. The three FNP's in Iraq are LTC Lafrancois, MAJ Aberle and MAJ Chatila. They will be working as advisors to the Multinational Force to set-up 11 medical clinics for the Iraqi Army.

There are four other FNP's who will be in Kuwait and will split between two camps. They are MAJ Ruth Crampton, MAJ Rich Prior, MAJ Patrick Bertz, and LTC Reyn Mosier.

Please keep them in your thoughts and prayers. We want to thank them and all the other FNP's who have, are or will be deployed in the future. If there are other FNP's who are currently deployed, please write me with deployment experiences, so that you can share "lessons learned" with others.



Pictured from L to R. MAJ Ruth Crampton, MAJ Amal Chatila, MAJ Rich Prior, MAJ Curt Aberle, MAJ Patrick Bertz, LTC Tamara Lafrancois and LTC Reyn Mosier.

News from Human Resource Command

Fall descends on the Hoffman building as the summer rotation period slows and officers have, for the most part, arrived at their new duty stations. This was a challenging summer for all, to be sure. Underlaps were not uncommon and we are well aware deployments have put added pressure on organizations as GWOT is prosecuted. As is frequently noted here at HRC, the mission will not diminish any year soon as we look to support modularity and transformation. And sadly, this month, the OPTEMPO is exacerbated by the Katrina disaster that has required a massive relief effort. This month launches our focused-work with Officer Development Plan (ODP) that culminates in a meeting with the Regional Medical Commanders in December and final brief to TSG in January. The ODP creates the template utilized by Health Services Division and ultimately each of the Branches to actually assign faces to the spaces allocated by the ODP process. The Chief Nurses and their respective command groups will be working with us in this process to ensure we have optimized the utilization of our Army Nurse Corps inventory. We also have upcoming boards for Long Term Health Education and Training (LTHET), 9A coming up as well as the Chief Nurse boards. Information on all three of these boards are with your nursing leadership as well as on the website. Also, don't forget our monthly "rolling" boards for HPLRP retention that continue to clear educational debt of our officers -- it is a wonderful program. Our Branch continues to work assignment and career management issues every month of the year and I encourage all of you to be in touch with your specific PMO to discuss your careers and future plans. Thanks to everyone for the outstanding service you continue to provide on a daily basis. Stay safe as we move into Fall.

Roy A. Harris
COL, AN
C, AN Branch

Calls For...

Healthcare Innovations Program (HIP) 2006 TRICARE Conference Poster Exhibit

The deadline for submission is 14 October 05

Introduction

TMA's Population Health and Medical Management Division (PHMMD), TRICARE Management Activity (TMA), sponsors a Poster Exhibit and competition in conjunction with the annual TRICARE Conference. The next conference is scheduled from Monday, January 30 – Thursday, 2 February 2006 at the Marriott Wardman Park Hotel in downtown Washington, D.C.

The goals of the exhibit are to showcase Military Health System (MHS) innovations and best practices, link people with ideas, and share information and tools for all organizations within the MHS.

Abstract Submission Process

The official website for the HIP is <http://www.tricare.osd.mil/OCMO/innovations.cfm>. To participate, complete and submit the electronic submission form located on the website. Abstract submissions to **the website will only be accepted between 15 September and 14 October 05**.

New innovations, as well as innovations previously submitted in the past, are eligible for consideration for the 2006 Poster Exhibit. However, preference will be given to new submissions should space become limited.

Poster Exhibit Presentation

Innovations will be selected for presentation in two different forums: an oral presentation and poster exhibit display.

- **ORAL PRESENTATION:**
 - Once innovation winner for **each category** will have the opportunity to give an oral presentation during one of the sessions in the Clinical Operations Track at the TRICARE conference.
 - Awards will be presented for the best innovation in the categories of **Access, Cost, Quality, Readiness, and Healthy Lifestyles**.
- **POSTER EXHIBIT DISPLAY:**
 - Fifty participants with the top scoring abstracts will be invited to submit a professional poster for exhibit at the TRICARE conference.

Participants selected to display a poster at the conference will be notified by 14 November 05. For detailed information and guidance, please review the Poster Guidance and Format guidelines.

Poster Guidance and Format

The poster is a visual display of the written abstract. Each poster should clearly explain, illustrate, and supplement the information in the abstract. You may use illustrations, photos, charts, graphs, outlines, or other graphics to explain/describe your project. Posters must be **professionally developed** and visually appealing; creativity is highly encouraged. The best posters contain less text, but present more results data. To assist with the creation of your poster, review examples of previous submissions at <http://www.tricare.osd.mil/OCMO/innovations.cfm>.

Posters with **vendor names** prominently displayed **will not** be considered. However, it is acceptable to include contact information of the submitting organization. *Any contact information listed on the poster must include government personnel (military or civilian).*

The poster must meet the following guidelines:

- The dimensions for each poster **must be 44 inches (across) by 36 inches (high)**. (Please adhere to the required poster size).
 - We recommend that you use flexible paper material that can easily be rolled into a poster tube mailer. There are several types of lamination available.
- Posters should be easily read from a distance of six (6) feet.
- Posters should be sent ready to hang **with the velcro already applied to the back of the poster before mailing**.
 - The posters will be mounted on a corkboard display covered with fabric which will accommodate velcro adhesive.
- Lack of readability or poor overall appearance may result in your poster not being selected for the exhibit.

We highly encourage providing handouts which explain the innovation. We recommend a minimum of 200 copies. A display case for the handouts will be provided at the exhibit site.

Mailing Instructions

Both posters and handouts must be received at the TMA office not later than **COB 31 December 05**. Posters and handouts should be sent to:

TRICARE Management Activity/OCMO
Attention: LTC Christine Merna or Carolyn Armstead
Skyline Five, Suite 810; 5111 Leesburg Pike
Falls Church, VA 22041-3206

General Information

- You do not have to attend the conference in order to participate in the Poster Exhibit.
- Acceptance of your poster in the exhibit **DOES NOT** imply registration or admission to the TRICARE Conference or that TMA will provide funding for travel.
- The TRICARE Conference Poster Exhibit will be monitored, but will not be staffed.
- All posters will remain on display for the duration of the conference. Posters will be removed no earlier than noon on the last day of the conference.
- It is the responsibility of the submitters to remove their poster after 1200, 2 Feb 06. If you are unable to collect your poster, please contact Carolyn Armstead (Carolyn.armstead.ctr@tma.osd.mil) to make other arrangements. Please notify us if you do not wish to save your poster.

Summary Schedule of Dates

Date	Items Due
14 October 2005	Deadline to submit innovations and abstract
14 November 2005	Notification of acceptance
31 December 2005	Deadline to receive poster and handouts
30 January 2006	Poster Exhibit set up
2 February 2006	Poster Exhibit end
2 February 2006	2005 TRICARE conference ends

For questions, please contact LTC Christine Merna christine.merna@tma.osd.mil or Carolyn Armstead carolyn.armstead.ctr@tma.osd.mil. The telephone number is (703) 681-0064. (DSN 761)

NINETEENTH ANNUAL
PACIFIC NURSING RESEARCH CONFERENCE
“Nursing Research: Defining Best Practices”
February 24-25, 2006
Waikiki Beach Marriott Resort, Hawaii

Call for Abstracts

Nurses are invited to submit abstracts for poster or podium presentations for the 19th Annual Pacific Nursing Research Conference co-sponsored by the University of Hawai‘i at Manoa School of Nursing and Dental Hygiene and the Tripler Army Medical Center. This conference is dedicated to promoting nursing research in practice and education.

ABSTRACT SUBMISSION DEADLINE: OCTOBER 3, 2005

General Information

- All research topics are welcome.
- Research must have been initiated and/or completed within the past five years.
- Research must be completed by the time of submission to be eligible for podium presentation.
- In-progress or completed research or projects are eligible for poster presentation.
- Clinical applications and projects are eligible for poster presentation

Please submit the abstract with author contact information, two learning objectives, content outline for each objective and presenter's CV as an E-mail attachment in MS Word or WordPerfect to: pnrc@hawaii.edu

Notification of acceptance and additional instructions will be sent no later than November 30, 2005.

Presentation Formats

PODIUM presentation will be 15-20 minutes using MS Power Point
POSTER presentations will be displayed during the entire conference

Office of the Chief, Army Nurse Corps	
<p style="text-align: center;">Fort Sam Houston Office COL Barbara Bruno, Deputy Chief ANC mailto:Barbara.bruno@amedd.army.mil LTC Sheri Howell, AN Staff Officer mailto:Sheri.howell@amedd.army.mil MAJ Eric Lewis, AN Fellow mailto:Eric.lewis@amedd.army.mil AMEDD Center and School ATTN: MCCS-CN, Room 275 2250 Stanley Road Fort Sam Houston, TX 78234 210.221.6221/6659 DSN 471 Fax: 210.221.8360</p>	<p style="text-align: center;">Washington, DC Office LTC Karen Whitman, AN Staff Officer mailto:Karen.Whitman@belvoir.army.mil Headquarters, DA Office of the Surgeon General 6011 5th Street, Suite #1 Fort Belvoir, VA 22060-5596 703.806.3027 DSN 656 Fax: 703.806.3999</p>
<p style="text-align: center;">ANC Branch @ HRC: www.perscomonline.army.mil/ophsdan/default.htm</p>	<p style="text-align: center;">AN Website: http://armynursecorps.amedd.army.mil/</p>